See instructions on back of certificate.

TION is very important.

or OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92-60
county Prince Georges	Registration Dist. No. 243
Village or City Glenndale	No. St Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Anne Elizabeth Allison	
(a) Residence: No. Glenndale,	St Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 16 16 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Allison	22. I HEREBY CERTIFY. That I attended deceased from 25 1981 to Cake 16 1932
6. DATE OF BIRTH (month, day, and year) Feb. 25, 1852	Hest saw has alive on Ope 45 19.3 2 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4 30 Pm.
80 / 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Totel time (years) this occupation (month and	Forter Simple 1992
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Shanandoah Co.	Other Contributory Causes of importance:
(State or country) Virginia	avrhe Stonoses 1931
13. NAME WM. Coffett	
13. NAME WM. Coffelt  14. BIRTHPLACE (city or town) Shenandoah Co	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Miss? Fulty  16. BIRTHPLACE (city or town) Shanandogh Co.	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Shanandoan Co. (State or country) Virginia	Accident, suicide, or homicide?
M 4 8 1/1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 19the D. Hann (Address) Glenndale Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Edin burg, Va. Date April 19, 1932	Nature of injury
19. UNDERTAKER July Some	24. Was disease or injury In any way related to occupation of deceesed?.
(Address) Bladers Grag mid	If so, specify
20. FILEO 7 16 , 1982 The Green no	(Signed) Basock M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
٠,٠				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	82-0
County Prince Govern	Registration Dist. No. 23 9
Village or City Boule and Herelto	
, 0 , (11	NoSt.,Ward  death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long In U.S.If of foreign birth?yrsds.
2. FULL NAME annie Bon	
(a) Residence: No. Boulens of Hersh	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DEVORCED (write the word)	21. DATE OF DEATH  Opul  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	(month) (bay) (real)
HUSBAND of James part.	22. I HEREBY CERTIFY, That I attended deceased from
	april (2, 19 3 70 april 12, 1932
6. DATE OF BIRTH (month, day, and yeer) and my 1952	I last saw h. elive on
7. AGE Years Month's Deys / If LESS than	to heve occurred on the date steted above, at 4 m.
80 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER DOCKYEERS AND A CONTRACTOR OF THE PROFESSION O	Date of onset
SAWTER, DUONNEEPER, etc.	Intra Cranil Lementer
. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spantin this	
year) occupation	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town)	Hybertanson +
(State or country)	atthorales
14. BIRTHPLACE (My or town)	
14. BIRTHPLACE (Qy or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Coroline Toppett	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, 19
State or country)	Where did injury occur?
Henry Basel.	(Specify city or lown, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 825 W. (O. S. M.	Specify whether injuly occurred in INDOSTRY, in HOME, of in Public PLACE.
18. BURTAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington De Date 4-13 1932	
H-1. 20	Nature of injury.
19. UNDERTAKER MONICO T. Thursayo Jour	24. Was disease or Injury in any way retated to occupation of deceased?
(Address) 2007 - M-Choli al & E	tf so, specify
20. FILED JA. 1/19 31 Suy H. Trueman	(Signed) M. D.
Registrar.	(Address) Terrestricle (1900)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURZAU Y S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARTLAND	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH	82.50	
	County Prime Devige	Registration Dist. No.	
		NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)	đ
	Length of residence in city or town where death occurredyrs,mos.		5.
- 2	. FULL NAME Oclavia & Bart	el of the	
	(a) Residence: No.	St., Ward. Slue Coult, Minn	
	(Usual place of abode)	If nonresident give city or town and State	- 1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Chil 3 193 2 (Year)	
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of	1 HEREBY CERTIFY hat I oftended deceased from	m
	701010 1 400 0000	Mar 30 ,193 Cno Upr 1 3 ,193	
6.	DATE OF BIRTH (month, day, end year) Oug 29-1866	I last saw h. Le alive on	d
7.	AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated elfove, etm.	
	65 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral nemorehage 3/30/3	37
AT	9. Industry or business in which		-
SUF	work was done, as SILK MILL, SAW MILL, BANK, etc		-
000	10. Dete decessed last worked at this occupation (month and year)		-
12.	BIRTHPLACE (city or town) Transle (State or country)	Other Contributery Croses of importance:	
ER	13. NAME Vesque		-
FATHER	TA BURTURI AGE (-1)	Name of operation Oeto of	
FA	14. BIRTHPLACE (city or town)  (Stete or country)	Whet test confirmed diagnosis? Was there an autopsy?	5
HER	15. MAIDEN NAME Helew Heltinger	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	-
MOTHER	16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide?	
17.	INFORMANT John P Bartel	Where did injury occur?(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
18.	PIECE TO COSE, Wis Dete Fril 5, 1932	Manner of Injury	
19.	UNDERTAKER W. Warry Foltoner (Address) 3619~ [4 st. n.w. Wook!	24. Wes diseese or injury in eny wey related to occupation of deceesed? 200	
20.	FILED The T 132 1/2 holly Most	(Signed) 2000 M CA 24	D.
-	Registrar.	(Addiess)	- '
	1) more dianks are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 11 Wall	1

STATE OF MADVI AND CEDTIFICATE OF DEATH

1.4350

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1015	A stack of epilepsy	1 week ago
Chronic interstitial nephritis	F931	Run hver by street car	1 week ago
Cerebral hemorrhage	July 1927	Perdonitie	3 days ago
	12	10 4	
Other contributory causes of importance:	1 1	Other contributory causes of importance:	
Gallstones	May 1, 1928	Gastroenteritis	1 year
	1 2		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	W.	See 1	- 4
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STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 238

/ille	age or City Silesia (No,	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	emale White Single, Married Wildowed OR Divorced (Write the word)  ATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  May 1953, to Apr. , 19232.  that I last saw her alive on Office of 19232.
AC		and that death occurred on the date stated above, at
(P) W	CCUPATION a) Trade, profession or Retired Housewife articular kind of work. Retired Housewife b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory arter ios clerosis  (Duration) 40. yrs. mos. ds.  (Duration) 40. yrs. mos. ds.
ENTS	10 NAME OF FATHER  W. H. Mitchell  11 BIRTHPLACE OF FATHER (State or country) North Carolina	(Signed) Phin a Rock M.D.  Obt. 10 19237 (Address) 1720 Com. Ave week  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PARI	13 BIRTHPLACE OF MOTHER (State or country) Brusselvick Co. M.C.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)  At place of death yrs. mosds. State,yrsmosds.
14 5	(Informant) Augustus Bartholomew  (Address) Silesia Maryland	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL  Washington D.C. April. 10th, 19.33
15	Filed Oft. 11 1932 Huy H Trulmen.	20 UNDERTAKER ADDRESS  Martin W. Husong Co 1300 Not. W.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thas: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal minc, etc. Wom-Never retnrn "Laborer," "Foreman," "Mauager," "Dealworked on may form part of the second statement (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accept od term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonnia"). Lobar pneumonia, Bronchopneumonia ("Pneumonnia")

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal seplicaemia." "Puerperal peritonitis," dlseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions." "Debility" symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. nse of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or interenrent) affection need not be Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges. peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; FOI VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Struck by railigay "Coma," "Con-(disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6

V. S. No. 1

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	Registration Dist. No. 23 L  No. St., Ward f death occurred in a borpital or institution, give its NAME instead of street and number)
	No. St. Warr
	sds. How long in U.S. if of foreign birth? yrs mosds
2. FULL NAME (Man	shall Brown
(a) Residence: No. (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 28 1833 2
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 28.1252	1 last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
Stell Birth 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Data of once
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Still Buth
Al Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	hophyprerane us
U 10. Oata deceased last worked at 11. Total time (years)	attendance
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) _ Q	Other Contributory Causes of importance:
(State or country), Manyland	
13. NAME Jee Mihull	
14. BIRTHPLACE (city or town)	Name of operation
(State of country) of Many and	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Many (State or country)	23. If death was dua to external causas (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town) Rear Lund	Accident, suicide, or homicide?
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT A TO STANDARD MILES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Bril 29. 37	Manner of Injury
Trace Date 1,102	Natura of Injury.
19. UNOERTAKER Coverge form	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO April 1932 Registrar.	(Signed) Market Logic Charles (Address) Market Market

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
9 9 5 3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	ar essis	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

PHYSI-

of certificate.

See instructions on back

	County N Co
Vil	lage or City Chellenham (No.
	2FULL NAME William
	PERSONAL AND STATISTICAL PARTIC
3,8	de Calared SSINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word
6 0	DATE OF BIRTH  Oct 11
7 4	(Month) (Day)
	19 yrs. 6 mos. 2 d
OP (I)	occupation a) Trade, profession or warticular kind of work b) General nature of industry susiness, or establishment in which employed or (employer)
-	SIRTHPLACE (State or country)
	10 NAME OF MILLION
NTS	OF FATHER (State or country)
PARE	OF MOTHER
	13 BIRTHPLACE OF MOTHER (State or Country)
14	(Informant) The BEST OF MY KNOW

ULARS

EDGE

20 UNDERTAKER

If more blanks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

1	(If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Proc /3, 1932 2
-	(Month) (Day) (Year)
	1930 to Sue 12, 1922
)	that I last saw him alive on April 12, 192 2,
an	and that death occurred on the date stated above, atm,
rs.	The CAUSE OF DEATH * was as follows:
1.?	Oulmonny Tutulosis
	(Duration)yre,mosde,
	Contributory Secondary
	(Ducalian) Trong mosde.
	(Signed) William To Wooms M. D.
	1971 1922 (Address) 121 1711
	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of dea.h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

V. S. No. 1

WRITE

Every Item CIANS sho statement

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. But in many Automobile factory. The material Locomotive engineer, 8 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DES to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia") EA. S CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> as fracture of skull, and consequences (c. g., sepsis, American Medical Association.) approved by Committee on 'telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

permanently filed. If this certificate is looked over thoroughly and all qu stions canswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

5

1. PL	ACE OF DEA	TH			
Co	unty Jen	u Lus	usus 1	1 . 0	A PResistration Dist. No. 239
Vil	llage or City	Conti	7 U	ear to	World K. F. D. St. Ward
Le	ngth of residence in ci	ity or town where	death occurred	yrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
		9	9	P	A -
2. FU	LL NAME	Jaar	agin	2 Case	
(a	) Residence: No		(Usual place	Contra	St., Ward.  Il nonresident give city or town and State
P	ERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX		R OR RACE	1	RIED. WIDOWED.	21. DATE OF DEATH,
Ch.	/ B.	0 1		D (rugite the word)	Clarif 1/ 1937
50 H mar	ried, widowed, or dive	en	Mann	u	(Month) (Day) (Year)
HUSE	BAND of WIFE of	P	DA.		22.   HEREBY CERTIFY. That I attended deceased from
(01)	Umi	1 Clar	relli		Mary 24 1982, to April 11 1982
6. DATE (	OF BIRTH (month, day	v. and year) In	m 20 -	1892	Hast saw h_ 1991 alive on affil (1992; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12 4 m.
	30	11	13	1 day, brs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Ta	rade, profession, or pa	articuler	V 0	7	Were arfollows:  Date of opset
Ö	kind of work done, SAWYER, BDOKKEE	as SPINNER,	ay hab	esa-	Probably 6 mm No
OCCUPATION	dustry or business to	which	1		
3	work wes done, as S SAW MILL, BANK,			• • • • • • • • • • • • • • • • • • • •	
0 10.0	ate deceased last wor this occupation (mo	ofth and	spe	ime (years) nt in this, 107.0.	
EX.	year)	1-0 19	Y	upation Well Mestaffs	Other Contributory Causes of importance:
12. BIRTH	PLACE (city or town)	·· H	2.1		
1	tate or country)	Mayea	ru'		
置 13. N.	AME Chima	2 Cas	lli		
H14. BI	RTHPLACE (city or to	own)	Α		Name of operation
14	(State or country)	Vu	vamia		What test confirmed diagnosis Palenday Was there an eutopsy? HD
15. M	AIDEN NAME	Tanis	addes	na .	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. M.	RTHPLACE (city or to	own)/		1	Accident, suicide, or homicide? Date of injury, 19
I	(Stete or country)		anglan	J.	Where did Injury occur?
17. INFOR	MANT FIL	remis 1	Cheff-	Pens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE,
N .	ddress)	~			
18. BURIA	L, CREMATION, DR	REMOVAL	00 1/	1	Menner of injury
Pla	acollum 1 Em	15	Date fin	19.1989	Nature of Injury
19. UNDER	TAKED & Por	0 11	31000	A	24. Was disease pr, injury In any way related to occupetion of deceased? 400
	ddress)	1	augl	The	If so, specify It was my Ruson at hims of onsel
(	ef on	132 m	2 Br.	A	(Signed) Stor W Horris M. D.
20. FILED.	for the same	196)		Registrar.	(Address) Rassul (TM)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry of hisiness, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example -	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Cerebral hemorrhage			
			THE STATE OF
Other contributory causes of importance:		Other contributory causes of importance:	10
Gallstones	May 1,1923	Gastroenteritis	1 year

If nonresident give city or town and State (Year) . 198 2 : death is said Date of onset (Specify city or town, county and State)

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ample II	
eath and related causes llows:	Date of onset
	1 week ago
	3 days ago
of importance:	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

WITH UNFADING INK--THIS IS A PERM PLAINLY WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.

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1		PHYSI-
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	0	Z
	OR	EXAC
	E	E
	~	ted
	L-	C

-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of CCUPATION is very important. See instructions on back of certificate.

	0100.
PLACE OF DEATH  County // Jan	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 433
Village or City Mughen (No. 2FULL NAME James P. Ch.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 182 to Soul 4, 1922, that I last saw has alive on April 4, 1922,
7 AGE    Jyrs. 2 mos. 24 ds. or min.?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration),
10 NAME OF MM E. Chaney	(Synfa) Allautt Job T mo M. D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER May . Cantor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) I & haven	usual residence
(Address)	Upper marloro april 6 1032
15 Filed Spril 5 1932 6 rnest W. Darne	James Canter nottengramon
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housenwid, etc. If the occupation has been changed er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicinu, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., ol ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, Whooping cough; American Medical Association.) Recommendations on statement of cause of death Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	57
1. PLACE OF DEATH	(3)	~
County Orince Learge,	Registration Dist. No.	5
Village or City Brentwood	No. 42/1 Prospect St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME annie Lane Com oll	ly	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemule 2 Lolor OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  A	93.2. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, say, and year) May 6 12 1864  7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY, That I attended dec thou Much 25, 19.32, to April 2.2 I last saw h Her alive on Oful 21, 19.32, of to have occurred on the data stated above, at 12.30 m.	, 19.5.2
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	January Sarah Sarah	
Dato deceased last worked at this occupation (month and yaar)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:  Outstand Manuelan Renal disease	1981
13. NAME Hillesine Quigley 14. BIRTHPLACE (city or town) (State or country)	Name of operation Manual Date of	
	What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
15. MAIDEN NAME Mary Solars 16. BIRTHPLACE (city or town) - Queland (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT John J Coursely Churtan (Address) Brentwood and:	(Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place Color Date Chr. 23, 1932	Manner of Injury	
19. UNDERTAKER To Das cho Sono (Address)		40
20 FILED Chail 220 32 Mrs. Jas. Done	(Signed) // // // (Signed)	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

r- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
n of infor- ould state OCCUPA-	1. PLACE OF DEATH	<u> </u>
7 4 4 5	County ruce Grores.	Registration Dist. No. 230
should of OCC	Village or City Muchkank	No. St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number)
70		s//2 ds. How long in U.S. if of foreign birth?yrsmos ds
RECORD. Eyers PHYSICIANS Exact statement	2. FULL NAME BALL Girl Com	was
D. Ey STCL taten		St., Ward.
CORI PHYS	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  4 2 2 193 2 (Year)
MANE A C T I assified.	5e. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I ettended deceased from
BINDIN PERMANI EXAC y classifi. te.	(or) WIFE of	4/21 182,10 4/22 1932
BIN EX EX y cl	6. DATE OF BIRTH (month, day, end yeer) 4/21/32	I lest sew here elive on 4/2 [
	7. AGE Years Months Deys If LESS then 1 dey, J.S. hrs.	to heve occurred on the date steted above, at _7_30g.m.
FOR IS A I stated properly	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
- 70	8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Primaturely
	Industry or business In which	
KK_T should it may n back	SAW MILL, BANK, etc.	
ESE INI E st it it	11. Total time (years) this occupation (month and year).	
REN NG I	year) Occupation	Other Contributory Causes of Importence:
ARGIN RE NFADING oplied. AGI erms, so tha	12. BIRTHPLACE (city or town) MWWWWW (State or cougtry)	
MARGIN UNFADI supplied. n terms, so ee instruct	# 13. NAME James Funkling	
T D H T a	14. BIRTHPLACE (city or town) Mustburk	Name of operation Dete of
· · · · · · · · · · · · · · · · · · ·	(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
carefully H pla	IS. MAIDEN NAME Eller Compay	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
INLY, be careful EATH in I	5 16. BIRTHPLACE (city or town) / Nucleus	Accident, suicide, or homicide? Dete of Injury, 19
INE be SAT	(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
E PLAINLY, should be can OF DEATH	17. INFORMANT Combay (Address) Mushers fing	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Sho Sho Sho S	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
-WRITE mation scause	Plece VIIII P. Dete. 1971. 0. 1994	Nature of Injury
	19. UNDERTAKER & James Thauking Jolly	24. Wes disease or Injury in any way related to occupation of deceased? 100
B. B.	(Address)	If so, specify Barrayan
wi Z	20. FILED apr 122, 19.3.2 Short Registrar.	(Signed) M. (Address) Russ W.
	If more blanks are needed, address State Registrar	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 1800			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Jeine Georges	Registration Dist. No.
Village or City Brentwood	NoSt.,Ward
Length of residence in city or town where death occurred 23 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Judy Cligabel	librale
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Servale  Wildowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Henry Dade	22. I HEREBY CERTIFY, That I attended deceased from  (13, 19, 2, to Chryl7, 19, 22)
6. DATE OF BIRTH (month, day, and year) Slavery	I last saw her alive on afril 13 , 1937; death is said
7. AGE above 15 years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8 Trade profession or particular	Mejocorditis Date of open
Wind of work done, as SPINNER, Awyer, BookKKEPFR, etc.  9. Industry business in which Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation/month and this occupation/month and spant in this	
0 10. Date deceased last worked at this occupation month and 193 at spant in this occupation worked at year)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Reclemon Country (State or country) Fox hunters 7116,76	Bronslutio
13. NAME Unknown	
13. NAME Plulewown  14. BIRTHPLACE (city or town) ceulsoww	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sady Eliculath heurs 16. BIRTHPLACE (city or town) New Yorket Cong (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicido?
17. INFORMANT Mis Misseum Belone Vista Dade (Address) Brentwood myd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Hashington W. C. Date Clit; 19, 19.3-3	Manner of injury
19. UNDERTAKER Fasche Form	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILE Upul 19 (1932) Mrs. Jas. Servere Registrar.	(Signed) William IV. Office (M. D. (Address) 108 R. Dane, Brentwood, M.)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

20. FILED \_\_ 7

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Registrar.

193

That I attended deceased from

Was there an autopsy? MAD

(Year)

Oate of onset

(Day)

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Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 64362
1. PLACE OF DEATH	95-0
County Prince Teorge	Registration Dist. No. 231
Village or City & dissortant	No. Thelis are st. Ward
Length of residence In city or town where death occurredyrs9_mos	(death occurred in a norpital or institution, give its NAME instead of street and number)
	Einson Sos
(a) Residence: No. (Usual place of abode)	St., Ward.  If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male evicte Married Married	21. DATE OF DEATH 27 193 2 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Buller IM.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) West 9 th 1865	I last say him alive on April 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated shove, at 9:10 P. m.
66 -6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, sature d	Myrearditis 4-1-32
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
12 PIRTURI ACE (situations) Wist of Columbia	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	arteriosclerosis 1930
13. NAME Tyrus C. Duckleuson	
14. BIRTHPLACE (city or town) Csina da:	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? As
15. MAIDEN NAME Mary Millard	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (State or country)	Where did injury occur?
17, INFORMANT(Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
12, BURIAL, CREMATION, OR DEMOVE melery	Manner of injury
Place alexandra Ba Date of ul 29, 1932	Nature of injury
19. UNDERTAKER & Starches Some	24. Was disease or injury in any way related to occupation of deceased?
(Address) Affalleville mit	If so, specify
20. FILED apr. 290 1922 M. D. Sheer	(Signed) and Machine, M. g.
Low Registrar.	(Address) /57.5 1 - L well F. Well

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WKA 2 M03					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	A STATE OF THE STA	

TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING AGE should supplied. mation should be carefully

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

64363

1. PLACE OF	DEATH	0.	(131)		1	1
County	Frince	Teorge		Registration	Dist. No. 27	مل
Village or Ci	ity Mt	Rainier	ND. 290/ But (ff death occurred in a hospital of	man Hill s	d. St.	Ward
Longth of soul						
	dence in city or town who	ere death uccurredyrs	mosds. How long in t	). S. If of foreign pirth?	yrsmo	Jsds.
2. FULL NAI	ME CINI	ue Virgenia	Jusney.			
(a) Resident	ce: No. 2901	(Usual place of abode)	St., Ward.	If nonresident	give city or towo and	State
PERSON	AL AND STATIS	STICAL PARTICULARS	MEDICA	AL CERTIFICATE		Diate
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE		TH OIL	1	
Tolomale.	White	OR DAVORCED (write the wor	rd)	NOTE.	6	, 193 5
5a. If married, widow	ed, or divorcad	· · · · · · · · · · · · · · · · · · ·		(Month)	(Day)	(Year)
(or) WIFE of	Panalina.	Telking & :	22. 4 I HER	_ /	Y, That I attended	
4 (1)	N VILLEUIS	Mi 21 81	1 Tes: 20	0 /		19.3.2
6. DATE OF BIRTH (		Pays If LESS th	I last saw h_Lt alive	- 1	50	death is sald
/ //	Months	I day,	-hrs. The PRINCIPAL CAUSE O	ete stated above, at/ F DEATH and related cause		
8 Trade profes	sion, or particular		were as follows:			Date of onset
kind of w	ork dona, as SPINNER, BOOKKEEPER, etc	Homewit.	A TANKEN	And the second		11/1/22
9. Industry or 1	business in which		Chronia	10 th	00.4	11112
SAW MIL	done, as SILK MILL, L, BANK, etc	awnstrome	The care	Cw-36	77	
	ed last worked at pation (month and	11. Total time (years) spent in this				
year)	/1.	occupation	Other Coatribotory Caoses	of importance:		
12. BIRTHPLACE (city		whom we	arteri	o-seler	sees	
	0/4.9	Co ma				
13. NAME 14. BIRTHPLACE	award c	awardo andus				
14. BIRTHPLACE		1 WII				
	0	11		osis?		
E	- Curry p	it if ma wife	23. If death was due to exte			
O 16. BIRTHPLACE		1 and		cide?	Date of injury	, 19
7	1 /0	0.	Where did injury occur?	(Specify city or	town, county and State	e)
17. INFORMANT (Addrass)	2901B	Cioney.	Specky whether injury occ	urred in INDUSTRY, in HO	ME, OF IN PUBLIC PLA	VCE.
18 BURIAL, CREMATI	ION, OR REMOVAL	d d	Manner of Injury			
Place		Date Ofr 9, 19	<b>B_2</b> Nature of injury			
19. UNDERTAKER	y. Yas	elie Sous	24. Was diseasa or injury in	any way related to occupa	ation of deceased?	
(Addrass)	Objects	tille and	If so, specify			
20. FILED. M.	1982 1	transhaller Mr.	(Signed) W:	m 1-1. Tro	lou,	M. D.
		Registra	ar. (Address)	nis: Rain	ner te	ck.

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1830	Valendary)				
Other contributory causes of importance:	and the	Other contributory causes of importance:			
Gallstones E. AVI	May 1,1923	Gastroenteritis	1 year		

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1.126.1

1	. PLACE OF DE	ATH		·	S)
	County	mue	Sum	zes	Registration Dist. No. 231
	Village or City	Pin R.	and, The	ysdo	No. St., Ward
	Length of residence in			(lf	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos ds.
		C / 1 th	geath occurred	yrs. — — —	La
2	. FULL NAME	Edille	John	a tr	ohlich
	(a) Residence: No.	1 lm	(Usual place o	f abode)	St., Ward.  If nonresident give city or town and State
-	PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COL	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH  april of 193 2
54.	If marriad, widowed, or dl	vorced	0	9	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from
				1610	mule. 2 / 1932, to april 4, 1932
-	DATE OF BIRTH (month, d AGE Years		ung 3	1718	I last saw h 22 death is said
4	AGE Tears	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at & _ 3 O F., ni.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trada, profession, or		29	or min.	were as follows:  Date of onset
ON	kind of work done SAWYER, BOOKKI	e, as SPINNER,	more	-	emone paralono
OCCUPATION	9. Industry or business	in which			mifetibility
CUF	work was done, as SAW MILL, BANK			<u> </u>	
00	10. Date deceased last w this occupation (m	onth and	11. Total tin	ne (years)	
	year)		octut	pation	Other Coatributory Causes of importance:
12.	BIRTHPLACE (city or town	n)	forto	med	
OC.	(State or country)	11 4	/ 0	1	and
FATHER	13. NAME Jan	July V	once c	u	
FAT	14. BIRTHPLACE (city or (Stata or country)		of Eds	hig.	Name of operation Data of
		7	1.006		What test confirmed diagnosis?
MOTHER	15. MAIDEN NAME	aller	ne V. 9	me.	23. If death was dua to external causas (VIOLENCE) fill in also the following:
MO	16. BIRTHPLACE (city or (State or country)		valyer	n.y,	Accidant, suicide, or homicide?
	(State of Country)	/	. /	1	Where did Injury occur? (Specify city or town, county and State)
17.	(Address)	Murin	600a	eley	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL	10-11	med	Manner of injury
	Placa Leda	uson.	Date	6 ,19.33	Natura of injury
	794		: 5		24. Was disease or injury in any way related to occupation of dacaased?
19.	(Address)	De dese		and	If so, specify
20	FILED Color 62	1932 27	00	Shices.	(Signed) 3m Brady M.D.
20,		, , , , , , , , , , , , , , , , , , , ,	Freal	Registrar.	(Address) hat Pleasant and
		If more	blanks are needed, do	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Corebral hemorrhage	Juby 5,1927	Peritonitis	3 days ngo		
Other contributors causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

	ADDITIONAL	SPACE F	OR I	FURTHER	STATEMENTS	BY	PHYSIÇIAN
				-			
_							

V. S. No. 1

1. PLACE OF

	CERTIFICATE OF DEATH	04365
Truce Lenge	(131) Registration Dist. No.	245
ty Hyattsvelle ms	No. Sacred Heart Time  (If death occurred in a horpital or institution, give its NAME instead of a	_St.,Ward

County Truce Lenge	Registration Dist. No. 2 35		
Village or City / Ly attavelle This	No. Dacred Heart Itme St, Ward		
Length of residence in city or town where death occurredyrs +Omos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.		
2 FILL NAME Mrs. Barbara Margare			
and of the	tursul Ward. Md-		
(a) Residence: No. 1937 Useaus St. (Dal (Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
1. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word)  Wildow	21. DATE OF DEATH  April 9  (Month) (Day) (Year)		
159. If messied, widewed, and the state of t	22. I HEREBY CERTIFY. That J attended deceased from  March 25.19 32 10 April 9 19 52		
6. DATE OF BIRTH (month, day, and year) July 25, 1858	I lest saw h M alive on april 19 , 19 32 death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at5m.		
74 rue guly 1 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done Jas SPINITER, SAWYER, BOOKKEEPER, etc.	Cerebral embolism - april o		
9. Industry or business in which	agule cardiad dela falism light &		
work was done, as SILK MILL, SAW MILL, BANK, etc	(Juliurary Idenia)		
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town). Baltemne md.	Other Contributory Causes of importance:  Acoutic reguna Latin and stenozes 1925		
(State or country)	Gardis Marcular reval durant		
13. NAME Ferdinand Bory			
14. BIRTHPLACE (city or town) Lorinary (State or country)	Name of operation		
15. MAIDEN NAME Dorothy and Bauer	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT War & arthur Ely atty.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Gallinge Monte april 12, 1932	Manner of Injury		
19. UNDERTAKER W. Wang Istonill (Address) 3619-14-64. N.W. Wooh, A	24. Was disease or injury in any way related to occupation of deceased? W		
20. FILED Cfine 10, 1932 Tyma as Seve	(Signed) Thurs Offattingly M. D.  (Address) 2300 R. D. W. M. D. Wash D.		

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

N. B.

STATE OF	MARYL	AND-CERTIF	FICATE	OF	DEATH
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1. PLACE OF DEATH	940) (4366
county Prince Levrage	Registration Dist. No. 235
Village or City Mitchellville med	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Polly Draws	
(a) Residence: No. Mot athellville ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	april 22 1932
I wedowed	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Radional James A	22. I HEREBY CERTIFY That I altanded dacaasad from
(ii) miles prince	april 22,19.32, 10 april 22, 19.32
6. DATE OF BIRTH (month, day, and year) May 3 1873	I last saw har aliva on affice 22, 1932; death is said
7. AGE Yaars Months Days If LESS than	to hava occurrad on the data stated above, at
5-9 11 19 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca were as follows:
Z 8. Trada, profession, or particular	angual ectore macely
kind of work done, as SPINNER,  Kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, atc.  10. Data dacaased last workad at   This occupation (month and specific property)  Spant in this 40	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, atc	
this occupation (month and 1932 spant in this 40 occupation	
Cour +	Othar Centributery Causes of importance:
12. BIRTHPLACE (city or town) Charles (Stata or country) 1/11 411111	
13. NAME Sonny Thurston	
E Contract	News of counties
(Stata or country) Ungine	Name of operation
	23. If death was dua to axtarnal causes (VIOLENCE) fill in elso the following:
E Contract	Accidant, suicide, or homicide? Data of injury 19
State or country)	Where did injury occur?
ally & by	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) When Mailton Mid	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Crosch Vac Data / Zo ,1932	Natura of injury.
10 HADROYAND P. tolo 2. Brass	24. Was disaase or injury in any way ralatad to occupation of dacaasad? No
19. UNDERTAKER Offense And	If so, specify
1/23 122 Thos J Jeffelt	(Signad) / Cever dy Darrer M.D.
20. FILED	(Addrass) upper machow buf

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy I week ago Chronic interstitial nephritis 1921 Run over by street car I week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

S. No. 1.

4. E. Every Hear of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. C. A.S. show of state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
T III	
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B. For your lean of information should be carefully supplied. ACE should be stated EXACTL. Co. 53 should be state OAUSE OF CEATH in plain terms so that it may be properly classificated statement of OCCUPATION is very important. See instructions on back of certificate.	
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11	02004
PLACE OF DEATH	STATE OF MARYLAND
County Jv. Les.	CERTIFICATE OF DEATH
M O O.	Registration Dist. No. 240
The Continue of	
Village or City (No	St: Ward)  If death occurred in a hospital or lustitu- lon, give its NAME in- tend of street and
<sup>2</sup> FULL NAME	200
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL ERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	, 16 DATE OF DEATH
Jen. Col. MARRIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year)  If HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	The state of the s
Alan. 26- 034	, 192, to, 192
(Month) (Day) (Year)	
7 AGE	and that death occurred on the date stated above, at 4. 30.5.m
l dayhrs	
8 OCCUPATION ds.lords.lormin.	Start -
(a) Trade, profession or particular kind of work	2 according
(b) General nature of industry	
business, or establishment in which employed or (employer)	····· (Duration)yrs, moe da,
9 BIRTHPLACE (State or country) Md	Contributory Secondary
10 NAME OF FATHER Management	(Deretion)
Jreen.	(Signed) Julius / Shuth Way Comp
of Father Md.	*State the Disease Country Docth of In deaths from
(State or country) // COV.	*State the Disease Causing Death, %7 in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER Oliga Cherry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionte, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mes. da.
IS THE ABOVE IS TRUE TO THE BEST-OF MY KNOWLEDGE	Where wes disease contracted, if not at place of death?
(informant) Legy Herson	Former or usual residence
Address & Glandywine Mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
11 11 11 11 11 11 11	20 UNDERTAKER ADDRESS
Filed Spee. 2/192 Julie 1. Smith	Mun Trees a ting Chinton, Med
' more blanks are peeded, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

whatever, write None. tired G yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing Dearth, gaged in domestic service for wages, as Mercant, Cook, to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the klnd of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been chauged Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrosphal fever (the only definite synonym is "Epidemic cerebrosphal spinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid pneumonia,").

Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

lead of "contributory." ture of the injury, as fracture of skull, and conse ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The uaas probably such. If impossible to determine definitely and qualify as accidental, suicidal, or homicidal, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weekness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shoek," symptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or termina causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway taken. State cause "Puerperal septicuemia.""Puerperal peritonitis," "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions," "Debility" ("Congenital," "Senile," etc.). Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of uqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvulur heart discase; (secondary or intercurrent) affection need not be -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY for which surgical operation was under-(Recommendations on state "Anaemia" Meusles; (disease (secoud-(merely "Con

If this certificate is looked over thoroughly and all queslions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
	and a substitute of the substi			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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1	£- ,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



Village or City Length of residence in city or town where death occurred & 9 vrs (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX wal 5a, If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dev. and yeer) 7. AGE 8. Trade, profession, or particuler CUPATION 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc..... Date deceased last worked at 11. Totel time (years) this occupation (month and spant in this occupation L. S. 420. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) .... Week Name of operation (State or country) What test confirmed diagnosis? ... OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? 16. BIRTHPLACE (city or town) ..... Date of injury 19 (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION OR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) If so, specify Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. WRITE PLAINLY,

STATE OF	MARYLAND—CERTIFICATE OF DEATH	64

1. PLACE OF DEATH	(62-a)	
County france Large	Registration Dist. No. 2 3 d	
Village Dr City Derces (If  Length of residence in city or town where death occurred yrs mos  2. FULL NAME Leve Baumbach	NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and numbersyrsmos	
(a) Residence: No. Berwyn		
(Usualplace of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color of Divorced (write the word)	21. DATE OF DEATH Abril 2/ st (Month) (Day) , 193	2
5a. If married, widowed, or divorced Webband of Severy Levelle	22. I, HEREBY CERTIFY. That I attended decea	ased from
6. DATE OF BIRTH (month, day, and year) Nov 13, 185-2	I last saw here alive on april 21 1932; dea	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &m.	
79 5 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Afocuseeurfa SAWYER, BODKKEEPER, etc.		te of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and		
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Plattefeile	Other Contributary Causes of importance:  Outeres Pelerosas 2	son t
(State or country) 71.4		
13. NAME Jacob- Baumbach	*	
13. NAME Jacob Baumboch  14. BIRTHPLACE (city or town) Lewware	Name of operation Dato of	
(State of Country)	What test confirmed diagnosis? Was there an autops	sy? Ra
15. MAIDEN NAME Christina Gake.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Where did Injury occur?,	19
17. INFORMAND, a, Motgen Receyu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL COMMENTS  Place Brooflyn n 4 Date of 23, 1932	Manner of injury	
19. UNDERTAKER F. Gashis Cous (Address) Strauvilla m &	24. Was disease or Injury In any way related to accupation of deceased?	?
20. FILED Opel -25-, 19.32 John & mitte	(Signed) J.O. Weecew (Address) Descript	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	ii	Example II	,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ν			

ADDITIONAL SP	ACE FOR FURT	THER STATEMI	ENTS BY PHYSI	CIAN	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04372
1. PLACE OF DEATH	2.3
County Truck Jeorge	Registration Dist. No.
Village or City Edge meston	No. St., Ward
140 11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	
2. FULL NAME John Styser	
(a) Residence: No. ( Educassoci (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	afir 3 193 2
be, If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of	22. I HEREBY CERTIFY That I ettended deceesed from
(b) MITE OF USING Styleser	7//as 27 ,1932, to Lyps 3 ,1972
5. DATE OF BIRTH (month, day, and year) Oct 3 - 1867	I last saw h.l.M alive on Capacita 1932; death is said
7. AGE Yeers Months Days If LESS than 1 dayhrs.	to heve occurred on the date steted bove, et. 8-10ft.m.
65 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER.	
SAWYER, BOOKKEEPER, etc. Junascape families  9. Industry or business In which	Internating Interculous tenferoun
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased lest worked et 4/1 11. Total time (years)	
this occupetion (month end 1/1/29 spent in this 40 occupetion 40	
12. BIRTHPLACE (city or town) Service	Other Contributory Causes of Importance:
(State or country)	Tologo as la pro
13. NAME Paul Hiser	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Cathrine Franderlich	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT John It. There's	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) of Lydramston	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Piece Prastingland & Cote afra, 19.3.2	Neture of injury
19. UNDERTAKER J. Jaschs John	24. Wes diseese or injury in any wey releted to occupetion of deceased?
(Address) Objuttsville mo	If so, specify
and ill Con the las Same	(Signed) Straw J. J. Jakomer J. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Exa	mple_I	3	Example II	
The principal cause of death of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 6 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUV	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	Example I	.7	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1932	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURRAU V.S	July 5,1927	Peritonitis	3 days ago
		,		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1 1		

Thas called in this Case 6:00 A.M. april 18,1932	
from fisting of take baby died from asplenica	P
Din premora	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Corelral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	Y te !	STATE OF MARYLAND	CERTIFICATE OF DEATH
	stat UPA	1. PLACE OF DEATH	95:9)
	S E S	N CORPORATE LIMITS CO GLO SLIMIT ZLYHOLHOO NIH	Registration Dist. No. 221
	sho of	//2 (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
	NS NS	Length of residence in city of town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
/	CIA	2. FULL NAME OF MILIAM 6 / Tars	
	ECORD. Every PHYSICIANS (act statement	(a) Residence: No. 302 Waw 37 ((Usual place of abode)	St., Ward.  If nonresident give city or town and State
	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ph	LY. Ey	3. SEX 4. COLOR OR RACE OB DIVORCED (white the world) Utile Utile Utile	21. DATE OF DEATH  (Month) (Day) (Yaar)
IN	IANE! A C T I ssified	5a. If married, widowed, or divorced HUSBAND of (or)	22. / I HEREBY CERTIFY, That I attended deceased from
BINDIN	RM X A Class	Total M. Carsel	3/10 ,1030 ,10 4/21 ,1932
BII		6. DATE OF BIRTH (month, day, and year) Feld 8 100 / 86 9	I last saw handlive on 9//2, death is said
R	ed ed berl fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at \$2.7m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
FOR	IS A PE stated E properly certificate	60 1 1 10 or min.	were as follows:
-	be be of c	8. Trade, profession, or particular kind of work dona, as SPINNER. Museum	quincitiens
VED	<b>=</b>	9. Industry or business in which	Marie Trus
R	VK—Ti should it may n back	work was dona, as SILK MILL, SAW MILL, BANK, etc.	Association .
RESER	FI 0	O this occupation (month and spent in this	
RE	AGE That	yaar) occupation	Other Contributory Rances of importance;
Z	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Hypostalie prymoura 4/20/
GI	rAI led. ns, tru	(Stata or couplry)	Cembrae Deletation 4/2/3
MARGIN	UNFA supplied n terms, ee instri	II 13. NAME V alculus Todas	
M	H U sur	13. NAME Valentine Tourism	Name of operation Date of
>	1 1 2	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
	ef in an	15. MAIDEN NAME CHICKNEY	23. If death was due to external causes (VIOLENCE) fill In also that following:
	can rH nort	16. BIRTHPLACE (city or town).  (State or 'compry') Gumauu	Accident, sulcide, or homicide? Date of injury, 19 Where did Injury occur?
	INLY, be car EATH import	I to the section	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PIPO	17. INFORMANT A CONTROL (Address)	Specify mileties to july occurred an intodoral, in floring, or fail objets 12 Add.
	Pl hou OF	18. BURIAL, CREMATION, OR SEMOVAL	Manner of injury
	EL	Place 17/23/,132	Nature of injury
	CAN	19, UNDERTAKER & Lond Assessed	24. Was disease or injury in any way related to occupation of deceased?
10.1	JEOH.	· (Address) Laking Md.	If so, specify
vi vi	一一下了	20 FILED Gil 23 1987 M. Braskens	(Signad) O Pary M. D.
>	z	Registrary	(Address) & Callas
		If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	A CONTRACT OF THE PROPERTY OF	Example II	
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Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY A 1994	July 5,1927	Peritonitis	3 days ago
BURLAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<del></del>	

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DURENU V.	3/2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

lun Berete.	t	chesu so	~ X	for authorization	5-/11/32	"Boud"	under	see leller
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mp	100				- 7		mos	

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer. without more precise specification as Day (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); feeer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-TO VUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swoids. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Recommendations on statement of cause of death (etanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Exhaustion, "Debility" ("Congenital," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Never report mere symptoms or terminal condiresalting from childbirth or miscarriage as cough; Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular affection need Nomenclature of the heart disease; not be

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permanently filed. If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balumore, Repyesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by tating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Aun over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOTAL STREET			
Other contributery course of impart	49	0.1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

### STATE OF MARYLAND—CERTIFICATE OF DEATH

04379

1. PLACE OF DEATH	(23)
County Trince George	Registration Dist. No. 235
Village or City Oalsland 1 N Dy d	No. Walkers Will ( and st Word
Length of residence In city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME Milland of hor Can	J
(a) Residence; No. W allow Mill Pool	0
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curite the word)	21. DATE OF DEATH 25 , 198 2 (Month) (Day) (Yeal)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE of Many do Mc Can	22. 1 HEREBY CERTIFY, That I attended decessed from  1931, to April 25 1932
6. DATE OF BIRTH (month, day, and year) may 20, 0995	I last saw h
7. AGE Years, Months Days LESS than	to have occurred on the date stated above, at 1005 Pm.
. 8 / 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Senting on any to transfer is afrilles
9. Industry or business in which work wes done, as SILK MILL,	V. S.
SAW MILL, BANK, etc.	
Spantin fins	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
	none
- Company of the Company	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Must was there an autopsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in elso the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
The base of the man	(Specify city or town county and State)
17. INFORMANT MAN MAN A MC (Address) (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place transactually toping Upul 81932	Nature of injury
19, UNDERTAKER Ham In Tadal th	24. Was disease or injury in eny way related to occupation of deceesed?
(Address) /31-1(4) 12 18 Wash De	If so, specify
20 FILED 4-27- 1032 Thos. J. Buffel	(Signed) Brasly M. D.
5, 8, Registrar.	(Address) South leas butting.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
8=====					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	157-6
occo	County Prince George	Registration Dist. No. 2 42
sh sch	Village or City Greater Capital Hea	death occurred in a hospital or institution, give its NAME instead of street and number)
t dis	Length of residence in city or town where death occurredyrsmos	
Svel IA1 mei	2. FULL NAME Silgar Simpon Tul	elle la
CORD. Every i PHYSICIANS act statement	(a) Residence: No. Granter Const Hats	ward Ward. D.O. Remnings We  If nonresident give sty or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 9
T. L. Ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
MANEN ACT assified	HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY. That Lettended deceased from
cla X	01.1 0 1033	april 1 , 1922, to april 9 , 19 22
PE E ate.	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If YESS than	I last saw have alive on april 1997, 1982 death is said
FOR B IS A PE stated E properly certificate	1 day,hrs.	to have occurred on the date stated above, at
IS IS sta sta pro	8 Trade profession or particular	were as follows: Date of onset
LIS Pe	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Town ton January
KVE CTI ould may back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end this programming program	is shina billing
	SAW MILL, BANK, etc.	Taley club lest and
ESH IN IN I	O lot: Date deceased last worked at this occupation (month end spant in this occupation coupation occupation	Saralyen of lover half of bodes
KENNG I AGE that that	your your your your your your your your	Other Contributory Causes of Importanco:
NKGIN KI NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	
RG IFA lied ms, ms,	- The state of the	
	The state of the s	
M. H. U. y. su ain t	14. BIRTHPLACE (city or town) Herbarbarbarbarbarbarbarbarbarbarbarbarbar	Name of operation Date of
= = .	IS. MAIDEN NAME IMAGE	What test confirmed diagnosis? Was there an autopsy?
L II	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or coupley)	23. If death was due to external ceuses (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
LY,	(State or country) Baltimore, Jud	Where did injury occur?
PLAIN hould be DE DE	17. INFORMANT. Marjane Miles (Address) 200 The A. Benning De	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-3 10	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place addison Chapse 14 Date 7/1/ 1932	Nature of injury
WRITE matton s CAUSE TION is	19. UNDERTAKER Med Dead O	24. Was disease or injury in any way releted to occupation of deceased?
(*)	01:10 2011	(Signed) Paul & Jan Lello M.D.
Z	20. FILED Upsil 7 , 1932 Jack LOW Registrat.	(Address Reples Marlo 10 18 # 1 200
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	PECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	MAY 12 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.3.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	RTHER STATEMENTS BY PHYSICIAN	FOR	SPACE	ADDITIONAL
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PLACE OF DEATH STATE OF MARY CERTIFICATE OF Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME it stead of street and MEDICAL CERTIFICATE OF DEATH arrisand DATE OF DEATH 4 COLOR OR RACE MARRIED. BINDIN OR DIVORCED may (Write the word) (Month) (Day) (Year).... MEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: ds. or min.? termi 8 OCCUPATION (a) Trade, profession or Truck Farmer pla (b) General nature of industry business, or establishment in which employed or (employer)..... \_ mporta Contributory Secondary (State or country) ARGI 10 NAME OF 34 11 BIRTHPLACE OF FATHER \*State the I is use Causing Death, or, in deaths from ARENT Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-2 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death ...... yrs ...... ds. (State or Country) Where was disease contracted, if not at place of dea.h?.... Former or Every item CIANS sho statement usual residence..... If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully cm-Spinner, (b) Collon mill; (a) Salesman, (b) nature of the business or industry, and therefore an tle first line will be sufficient, c. g., Farmer or Plonter, gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a yrs). For persons who have no occupation factory. The material single word or term on Locomotive engineer, Grocery;

spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE"CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, stated unless important. American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Carcinomo, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease Meosles;

permanently filed. answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all qu stions All the

BINDIN

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage RURNAT V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenterilis	1 year		
			1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
						10.00
				A	- Ch. #	
					13	

V. S. No. 1

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1	9	"	1	0	)
0	t	0	3	p.	)

1. PLACE OF DEATH	
county Prucy Yengs	Registration Dist. No. 220
Village or City Branchill	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Gustary Brooke	Panulhaky
(a) Residence: No. Dam churtle M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h_sa alive on
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a
8. Trade, profession, or particular kind of work done, as SPINNER Land Curdoels SAWYER, BODKKEEPER, etc.	Churus Nephritas Vegas
kind of work done, as SPINNER AND CONTROL OF THE SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and the same time than the same time time time time time time time ti	aks hleder 2 4000
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 20 yru	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Castering Constant (State or country)	Church Myseardites (Semal
13. NAME Ellrain Paurebaky  14. BIRTHPLACE (cityor town) Meeffin Co-Pa	
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME Elinia Hull	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Marrie Campbalser (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DB REMOVAL Place Delissible M. d. Date Office 26/19.30	Manner of Injury
19. UNDERTAKER J. Jasoho Jones (Address) Mestra lla mes	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Chr 25 79 32 John Strutte	(Signed) (Address) (Address) (Address) (Address)
Kegistrar.	" (Audiesz)

IA more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Attack of epilepsy	
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
_	Other contributory causes of importance:

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S. No. 1

PLACE OF DEATH
County Prince George



### STATE OF MARYLAND CERTIFICATE OF DEATH

221

B 1'11	Registration Dist. No. 230
Village or City Muchvelle (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED/Ordow (Write the word)	16 DATE OF DEATH S, 1952  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the disceased from 1927. to April 8 1, 1922, that I last saw h M. alive on April 8 1, 19232,
	and that daath occurred on the date stated above, at
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Character (Duration) / + yrs mos ds.  Contributory Secondary
10 NAME OF FATHER Solution Mend  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME (State or country)	(Signed) (Duration) (Signed) (M. D. (Address) (M. D. (Add
OF MOTHER Mary E. Inlines  13 BIRTHPLACE OF MOTHER (State or Country)  M. A.	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted,
(Informant) Super	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Wishington, D.C. Apr 9, 1982
15 Filed Of No -9-1932 Johns Smith	20 UNDERTAKER " ADDRESS SUL M. Y Sun Duc

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Former & household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loconotive engineer, Civil engineer, Stotionory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, age. For many occupations a single word or term on fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scream, Cooking to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., whatever, write None. Housemaid, etc. Foreman, For many occupations a O. Form laborer, Laborer-Coal mine, etc. Wom-At Home, and children, without more precise specification as Day For persons (b) Automobile factory. If the occupation has been changed who have no occupation not gainfully em-The materia Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Des Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebro" pneumonia, Bronchopneumonia ("Pneumonia,"

> "Lelajus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, approved by Committee Recommendations on statement of cause of "PUERPERAL septicacnia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be earbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all Whooping cough; Chronic valvulor heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonoeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Heart failure," "Haemorrhage," Carcinoma, Sarcoma, Example: Measles (disease on etc. Nomenclature The contributory etc., of

data is exceeding filed ans rered in detail, it will prevent further correspondence. All the this certificate is looked over thoroughly and all questions

1932

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Prince Seorges 8	CERTIFICATE OF DEATH
	Registration Dist. No. 23/
Village or City Bladensburg (No Village or City Bladensburg (No \text{Pois	Sould St.: Ward)  (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wibowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 1932.  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased for
Mey 12 1870	192 2. to 192 2. to 192 .
(Month) (Day) (Year)	that I last saw h Mu alive on 184. 26 , 1932,
7 AGE [If LESS than	and that death occurred on the days stated above, at // A.m.
I day hrs.	The CAMSE OF DEATH * was as follows:
60 yrs. // mos. /6 ds. or min.?	Varrusous rellace
8 OCCUPATION (a) Trade, profession or	
(a) Trade, profession or Januar Machinest	
(b) General nature of industry business, or establishment in	(Duration) /3 yrs, mos ds.
which employed or (employer)	(Duration) / Wyrs,mosds.
9 BIRTHPLACE (State or country) Bergen General Co. New york,	Contributory Secondary  (Durstion)  y  mosds.
10 NAME OF Eli Henry Poster	(Signed) W. H. Marton M. M.
11 BIRTHPLACE THE A HUYER	and 26 1973 (Address) MI organila they
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Heall Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER (State or country)  13 BIRTHPLACE Man chester (State or country)  New Heamshire	At place of death yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not st place of death?
(Informant) Grace Pollies	Former or usual residence
(Address) Louis It; Bladenerlessey Mf.	Don Harre Da Capil 27, 1932
Filed afr 27 " 1982 M. D. Shicky Registrar	Hast Gasalis Sans burg
If more blanks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. " etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womat home, who are engaged in the duties of the nner, (b) Cotton mill; (a) Salesman, (b) Grocery.
Foreman, (b) Automobile factory. The material first line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomotive engineer, """Deal-

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles use of "Tumor" for malignant neoplasins); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, "Exhaustion," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. American Medical Association.) as fracture of skull, (secondary or intercurrent) affection need (Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Committee on Nomenclature "Heart failure," "Laemorrhage," Chronic and consequences (e g., scpsis, etc. valvular heart The Always qualify all contributory Measles ; (disease not be discase; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be in should be carefully supplied. WRITE PLAINLY, V. S. No. 1.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	64386
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1. PLACE OF DEATH			3
County // 120	1		Registration Dist. No. 2
Village Dr City	ath occurred	_	No. St., Ward  (death occurred in a hospital or institution, give its NAME instead of street and oumber)  (ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2 - 111	2111	P. PA	
(a) Residence: No.	(Usual place		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH 1:2 ~/6
Figural Col.		D (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of			22. I HEREBY CERTIFY, That I attended decassed from
(or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			l iast saw h alive on
7. AGE Yaars Months	Days	If LESS than I day,hrs.	to have occurred on the data stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular		l ormin.	were as follows: Joyn Alak Date of one et
SAWYER, BODKKEEPER, atc			
work was dona, as SILK MILL, SAW MILL, BANK, atc			
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc  10. Data dacaasad last workad at this occupation (month and year)	spa	time (years) int in this upation	
12. BIRTHPLACE (city or town)	luvar	ud	Other Contributory Causes of importance:
13. NAME Howard 16	dries	xu	
14. BIRTHPLACE (city or town)			Name of oparation Date of
(Stata of Country)	a,		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT	id Nohn	cin	23. If daath was due to external causas (VIDL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, DR REMDVAL  Place Mar Wishwall	Coate Char	CC 5,1932	Manner of injury
19. UNDERTAKER 2 - 1 - Received (Address)	el wil	7	24. Was disaasa or Injury In any way ralated to occupation of dacaasad?
20. FILE April 3th, 1932 3/1	my	Registrar.	(Signad) M. D. (Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of d of importance were as for Arteriosclerosis			The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephriti	8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 5 1932	July 5, 1927	Peritonitis	3 days ago	
	BURDAU V. S	. 1			
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones	2	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Princes Lossas	Registration Dist. No. 2 3 O
04-4454	
0 (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Soplua Service	Kollino
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 22 1993
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. BIHEREBY CERTIFY, That I attended deceased from 14 1932, to and 22 1932
6. DATE OF BIRTH (month, day, and year) Massels 1,1916	I last saw h. 21 alive on abril 22, 198 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. 4. m.
16 1 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aplastee avenua 3/243
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Introduction of book work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation complete the second of the second in this	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Elkridge, Mul. (State or country)	Other Coutributory Causes of importance:
# 13. NAME Marshall Rolling	
14. BIRTHPLACE (city or town) Elevele und	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Sure Turnsing 16. BIRTHPLACE (city or town). Saules Co. M. G.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT & serestive James of	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR RENOVAL	Manner of injury W. Allen Giffells
Place Clarife MD Date May 25-, 1932	Nature of injury 13 ONUTY, CUI.
19. UNDERTAKER Gastmann (Addiess) Europage my	24. Was disease or injury in any way related to occupation of deceased?
20 FILED Chro. 28 1932 John Smith	(Signed)M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
--------------	-------	-----	----------------	------------	---------------	-----------



PLACE OF DEATH County PRINCE GEORGES CERTIFICATE OF DEATH Registration Dist. No. EXACT Village or City class (If death occurred in Ward) a hospital or institution, give Its NAME I: stead of street and number.) propert of certif PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH B SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Marries 16 DATE OF DEATH eq may be WIDOWED. OR DIVORCED (Write the word) (Month) .....(Dny) (Year). 00 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from # 0 1922 to .... 883 a struction (Year) alive on al 3 7 AGE [If LESS than and that death occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* was as follows: 00 C OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) II impo Contributory 9 BIRTHPLACE Secondary (State or country) Od (Durstion) .. 70 10 NAME OF 3 H Ö 192 (Address) 11 BIRTHPLACE OF FATHER \*State the Discase Causing Dath, or, in deaths from Violent Causes, state (1) Means of thirty and (2) Whether () 25 (State or country) DA C Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 12 LINGTH OF RISIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER of death .....yrs..........ds. (State or Country) Where was disease contracted, it not at place of dea.h? .... 14 THE ABOVE IS TRUE Former or usual residence DATE OF BURIAL Registras If more blanks are needed, addre s Ltab Registrar, 16 W. Ssratoga St., Balto., Requesting V. S. I.o. 1.

Latimer

(Approved by U. S. Census ɛnd American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "For man," "Nanager," "Dealtired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin\_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be approved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH (Month) (Day) (Year)
HEREBY CERTIFY. That I attended deceased from  19.3.2., to 2
Te as follows:  Date of one et
7 seberandores 7 ollowed Influenza 1924
ner Contributory Causes of Importance:
me of operation Date ofat test confirmed diagnosis? Was there an autopsy?
f death was due to externaf causes (VIOLENCE) fill In also the following:
cident, suicide, or homicide?
nner of injury
Was disease or injury in any way related to occupation of deceased?
(Signed) Little H. M. D.  (Address) 721 By Artelda, M.D.
N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clcrk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important discases or injuries. Examples:

-= -	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

### STATE OF MARYLAND—CERTIFICATE OF DEATH

6	'n.	"	6	h	1	1
U	2:	()	9,	y	1	3

1. PLACE OF DEATH		920	
County Prince Gr	orges	Registration Dist. No. 24	-2
Village or City Huntary  Length of residence In city or town where deat	1	No. St, death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME Aillia	m B. Ster	iart	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 Z-
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	- t fee	22. I HEREBY CERTIFY, That I ettended  april 1932, to april 11	
6. DATE OF BIRTH (month, dey, and year) 7. AGE.  Years  Months  9.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceased last worked at this occurretion (month and this occurretion (month) and	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 7,30 km.  The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:  The principal cause of importance ware as follows:	Date of o
year)  12. BIRTHPLACE (city or town)  (Stets er country)  13. NAME  14. BIRTHPLACE (city or town)  According to the country of the city or town)	11. Total time (years) down spant in this second to the se	Other Contributory Causes of importence:  Anomic relation  Animal and  Name of operation.  Date of.	
(State of Country)	har and	Whet tast confirmed diagnosis? Was there an	
15. MAIDEN NAME  16. BIRTHPLACE (city or town). Of the country)  17. INFDRMANT. The offers (Address)	P. Kelly -	23. If death was due to external ceuses (VIDLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Stales Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	, 19 ie)
18. BURIAL, CREMATION, DR BEMOVAL	Date Cepril 12, 1932	Manner of injury	
19. UNDERTAKER Ritchie (Address) Ritchie	Bros.	If so, specify	200
20. FILED april 12, 1932 Gr	ace down	(Signed) (Address) And Human (Address) (Address) (S. S. No. 1.	1 mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULCAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? yrs. mos. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (rupite the word) Marries (Month) (Day) (Yeer) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) certificate 7. AGE Months Deys If LESS than to have occurred on the date stated above, et .... or .... min. Data of onsat 8. Trede, profession, or perticular 3/31 OCCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... may pluods 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceesed less worked et this occupation fromth and 11. Total time (yeers) spant in this occupation ... Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or coupery) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, (Address) OF 18, BURIAL, CREMATION. Manner of injury AUSE Nature of Injury LION 24. Wes disease or injury In env way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Address) // Registrar. If more blanks are needed, address, Sate Registrar, 2411 N. Charles Street, Baltimbre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

1 PLACE OF DEATH STATE OF MARYLAND HYSICIANS statement of CERTIFICATE OF DEATH Registration Dist. No. 23 PHY fif death occurred in St: Ward) a hospital or institution, give its NAME Instead EXACTLY. of street and number. I RECORD properly classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED, PERMANENT WIDOWED OR DIVORCED (Day) (Month) (Year) certificate I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ....., 191....., to...... (Year) that I last saw h.....alive on..... (Day) (Month) If LESS than of TAGE it may and that death occurred on the date stated above, at .. ы 1 day, hrs. G The CAUSE OF DEATH \* was as follows: SIHL OR min. ? ds. --- mos .--that OCCUPATION (a) Trade, profession, or 0 Supplie particular kind of work. 90 (h) General nature of Industry Instructi business, or establishment in term which employed (or employer) 9 BIRTHPLACE (State or country) plain 0 Se 10 NAME OF D C FATHER (Signed) PHL Important O 11 BIRTHPLACE (Address) ENT OF FATHER EA \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. formation JSE OF DE 12 MAIDEN NAME SUICIDAL OF HOMICIOAL Œ OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OR RECENT RESIDENTS 13 BIRTHPLACE S At piece In the OF MOTHER 99 .....yro. .......ds. State, ......yrs. \_\_\_\_mes. \_\_\_d 0 (State or country) Where was disease contracted. Z O If not al place of death?... 0 Former or esuet residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health
Association.]

state occupation at beginning of illness. or given up on account, of the DISEASE CAUSING, DEATH, engaged in domestic service for wages, as Servant, Cook, mobile factory. The material worked on may form part write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mill; (a) Sulesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer. Stationary fireman, etc. cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, ctc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nel.hritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Struck by railway train-accident; Revolver symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic intentor inset disease; Chronic interstition on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), "Tumor" for unalignant neoplasms); Measles, Whooping (name origin; "Cameer" is less definite; avoid use of or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," "Atrophy," wound of ("Con-

if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH STATE OF MARYLA PHYSICIANS t statement of mill hors CERTIFICATE OF DEATH Registration Dist. No. If death occurred ! a hospital or institution. EXACTLY. give its NAME Instead of street and number. 7 RECORD PERSONAL AND STATISTICAL PARTICUL MEDICAL CERTIFICATE OF DEATH 3 SFXI 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month) (Day) (Year) rtificate I HEREBY CERTIFY, That I attended deceased from o Z 6 DATE OF BIRTH ..... 191..... to ce pe (Month) (Day) (Year) that I last saw h.....alive on 7 AGE of If LESS than and that death occurred on the date stated above, at 1 day, hrs. AG SHL OR min. ? OCCUPATION tha 20 supplied (a) Trade, profession, o instructions particular kind of worl 80 (b) General nature of lodustry re in a burning business, or establishment in termi which employed (or employer BIRTHPLACE Contributory (State or country) Secondary lain See 10 NAME OF FATHER 2 (Signad pino Important 11 BIRTHPLACE ENT (State or country) SPA \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL, E OF DE 12 MAIDEN NAME 60 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, OR RECENT RESIDENTS) Ve 13 BIRTHPLACE O At piece OF MOTHER 80 2 (State or country of death Stato, .....yrs. .... \_\_\_\_\_yra. \_\_\_\_\_ds. \_\_\_\_ds. Where was disease contracted, 4 U OF MY KNOWLEDGE If not at piece of death ? ... Former er usual residence 19 PLACE OF BURIAL OR REMOVAL Every is should OCCU 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEARE CAUSING DEATH, employed, as At school or At home. Care should be write None. Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and ebildren, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomobre engineer, ('indenyineer, Stationary fireman, etc. But in many cuses, fir I line will be sufficient, c. g., Farmer or Punter. Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); unqualified. is indefinite); Tuberculosis of lungs, meninlever causing deare (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE and causation), using always the same accepted (the only definite synonym is "Epidemie cerebrofor the same disease. Examples: pneumonia, Bronchopneumonia ("Pneumonia," Cerebrospinal



and consequences (e. g., sepsis, letanus) may be stated ges, peritonaeum, etc.. Carcinoma, Sarcoma, etc., of..... chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discuse eausing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheoping (name origin; "Cancer" is less definite; avoid use of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates mus," "Old Age," "Sbock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver to determine definitely. "PUERPERAL peritonitis," etc. or misearriage as "Purrperal sepiehacmia," "Coma," (merely symptomatic), "Atropby, oma," "Convulsions," "Debility" Examples: Accidental drowning; State cause for which "Atropby," "Colimportant. wound ("Con-

ence. All the data is essential and must be obtained before the certificate is permanently filed. of this certificate is looked over thoroughly and all ques-

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-I EIVE	8 1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			100
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No.	
X	infor- state
	of
	tem of

FOR BINDING

MARGIN RESERVED

V. S. Mo. 1

of OCCUPA-

RECORD. Every it PHYSICIANS Exact statement stated EXACTLY OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. AGE should be uld be carefully supplied. TION is very important. PLAINLY, CAU

COUNTRY COUNTRY

CTATE OF HARWAND	CENTIFICATE OF DEATH
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County / runce Florge	Registration Dist. No. 2 30
Village or City 13 errors Mid	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long to U.S. if of foreign birth?yrsmosds.
2. FULL NAME of rene A alley Wa	Ital
(a) Residence: No. Bervin mid	St., Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH .  (Month) (Day) (Yaar)
is. If married, widowed, or districed  HUSDAND of  (or) WIFE of  We By Mary Change	22. I HEREBY CERTIFY. That I attended deceased from
0. 0. 1860	I tast saw h. e. alive on arr 14 1932 death is sale
5. DATE OF BIRTH (month, day, and year) 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	to have occurred on the data stated above, at 9,500 m.
63 3 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	angine Person
Industry or business in which work was done, as SILK MILL, Wassewife	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) occupation	
2. BIRTHPLACE (city or town) Wilning ton	Other Contributory Canges of Importance:
(State or country)	Intustitial reporter
13. NAME John Dreer	
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Julia a Suitchies	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, sulcide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Minne & Tedurals (Address) Beruin ned	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & auril Date april 13, 1937	Nature of injury
9. UNDERTAKER The WC White Co. (Address) Lawel red	24. Was disease or injury in any way related to occupation of decoased?
10. FILED Afric 14-32 John & Smith	(Signed) 73 fam. M. D. (Address) Lanua (
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

	4 to 7	STATE OF MARYLAND	CERTIFICATE OF DEATH
C)	state	1. PLACE OF DEATH	158
	of Ed	county June Jeorgs'	Registration Dist. No.
m	show if	Village or City Worday with	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	T S		death occurred the hospital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
/	CORD, Every PHYSICIANS ct statement	2. FULL NAME	aver Washington
/		(a) Residence: No.	St., Ward.
•		(Usual place of abode)	If honresident give city or town and State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	L >-	OR DIVORCED (write the word)	JP 13 2
Z.	NEN C T L	5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
BINDIN	S & P	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
Z	SX2	m . e . 3 . 63 3	19
	PE d E rly cate.	6. DATE OF BIRTH (month, dey, and year)  7. AGE Years   Months   Days   If LESS than	to heve occurred on the date stated above, atm.
OR	IS A PE stated E properly certificate	I dey,	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
A FF	**	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER ROOKKERPER att	Date of onset
RESERVED	H	CAMAED BUUKKEEDED 040	hoppyming in allendaring
RV	VK—T should it may n back	99 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	they (me aver) with
SE	Sh sh	10. Dete decesed lest worked et this occupetion (month end spent in this	afu yu-
RE	AGE I AGE that	year) occupetion	Other Contributory Causes of Importence:
Z	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	
MARGIN	Dplied pplied terms, instru	(Stete or country)	
[AF	P 14	H	Name of according
2	rH ty su ain t	14. BIRTHPLACE (city or town) Mulandian (Stete or country)	Neme of operation Dete of What test confirmed diagnosis? Wes there en autopsy?
	efully in pla	15. MAIDEN NAME Office & Hadrisolon	23. If death was due to externel causes (VIOLENCE) fill in also the following:
	4. 60	15. MAIDEN NAME Augustus  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	NLY, be can EATH mport	(State or country)	Where did injury occur? (Specify city or town, county and State)
	PLAI muld F DE	17. INFORMANT AND THE ABOUT AN	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	a a	18. BURIAL, CREMATION OR REMOVAL	Menner of injury
		Plece reary the health Date 1844, 1872	Neture of injury
	-WRIT mation CAUGE TION	19. UNDERTAKER TO THE TRANSPORT	24. Was disease or injury in any wey releted to occupation of deceased?
(E)	) EOF	(Address) When harton yelld	If so, specify for
V. S	7	20. FILED Mill 4, 18 The Grey Strist	(Signed) Charles of walleging
2	-	Registrar.	(Address) Wife Carlotti Wife
		1) more otanks are needed, dadress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUERAU	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	VAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 04397					
1. PLACE OF DEATH	<u></u>	~			
County Trunce Glorge	Registration Dist. No. 245				
Village or City Jacret Weart Home		Ward			
// //	death occurred in a hospital or institution, give its NAME instead of street and numbing ds. How long in U.S. if of foreign birth?yrsmos				
011911	yis.	,03.			
2. FULL NAME Syllet St hile,	e al / + x) c				
(a) Residence: No. 2 (Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26	2			
Semale I hele thelowed	(Month) (Day)	(Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Hute	22. I HEREBY CERTIFY, That I attended decea	ised from			
C DATE OF BIRTH (mostly day and most)	6 21.0 1 = 20	th is said			
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at P ~ m.	itii 13 seid			
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance				
_   8. Trede, profession, or particular	were as follows:	te of onset			
8. Trede, profession, or particular kind of work done, as SPINNER, Jousewife SAWYER, BOOKKEEPER, etc.	A				
9 Industry or business In which	Leveralized arterio /	1927			
work was done, es SILK MILL, Al Home	religiona	7			
O 10. Date deceased last worked at this occupation (month end /927 spant in this occupation occupation					
year)	Other Contributory Causes of importance:	1000			
12. BIRTHPLACE (city or town) (State or country)	Cancer left breast	730			
14. BIRTHPLACE (city or town)	NAU_				
14. BIRTHPLACE (city or town)	Name of operation Date of				
(State or country)	What test confirmed diagnosis? Was there en autop:	sy?			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:				
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	19			
(State of country)	Where did Injury occur? (Specify city or town, county and State)				
17. INFORMANT SLEDISCO OF Mullet About Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury				
Plece Malay Non Na. Dete Grant 26, 190 K	Nature of injury				
19. UNDERTAKER (Address) 3/7- Jenna ave. A.	24. Was disease or injury by any way related to occupation of deceased?  If so, specify	)			
20. FILED CARD 24, 1932 Ms. Cas Dever	(Signed) (Signed) (Address) 2200 At 2 along W	6			
If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Concesting U. S. No. 2.					

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BURGAU 7.8	ا ا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI-

PLACE OF DEATH County Punce Ges.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Oron H. M. (No.	Registration Dist. No. 138  St.: Ward) a hospital or institu
2FULL NAME Otis You Y	Vormer . tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE.  MARRIED. Travill  OR DIVORCED (Write the word)	16 DATE OF DEATH , 1972 , (Month) 8 (Day) 19 (Year)
May. 7th 188 (Month) (Day) (Year)	that I last saw h M alive on Ohil & , 1932
Jo yrs. // mos. ds. lf LESS that l day hr	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Jarmer  particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs. mos Y ds.
9 BIRTHPLACE (State or country) New York  10 NAME OF FATHER William Fan Wormer  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Washburn  13 BIRTHPLACE	Contributory Secondary  (Duration)  (Signed)  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Dollie Van Wormer  (Address) Quaeosta Star Route 2	At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  AT Banakas Md 4-10 1932
15 Filed J. P 1922. Your HImeman	20 UNDERTAKER Munayofon 2007- pichola

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or Al Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Debility" American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"E::haustion, "Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.